## STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

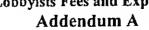
OCT 3 1 2018

NEW HAMPSHIRE

	PLEASE PRINT		DEPARTMENT OF	
I. Name of Lobbyist(s	Jim Bouley,	Alex Kou	troubas	
II. Name of lobbyist's	ہا۔ partnership, firm or corporation, if	fany:		
Denne	ehr & Bayley	LLC		
(Nam	ne of partnership, firm or corporation)	2 / .	. ()	
Business Address: (Str	cel) (Town/City)	S Concord (State)	1 (Zip Code)	
(603 <u>228 - 1 (</u>	00\	e-mail		
III. This statement coreportable expense tra	vers: (Choose one – file separate rep ansactions which are not attributabl	orts for each client, OR yoe to any one client).	ou may file a separate report f	for
All reportable trans	actions occurring in the months prior t	o the reporting date relative	to the following client:	
James	. ^ .			
	(Full Name of Client as it appears on the I	Lobbyist Registration Form)	JY IC.	
<u>OR</u>				
unrelated to any particu	actions hy the lobbyist (including the lotal collection).	ohhyist's family), or the lob	bying firm listed below which a	ire
IV. Date of Report	April 25, 2018	July 25, 2018 (		
Reports cover: activity	ty from date of registration to 3/31/18	activity from 4/1/18 to 6/		•
a	October 31, 2018 (ctivity from 7/1/18 to 9/30/18	January 30, 2019 activity from 10/1/18 to		
V. There have been If this box is checked, co Concord, NH 03301.	no fees received and no reportable omplete just this form and submit it to	le transactions made sin the Secretary of State's Off	nce the last report.   Gree, State House, Room 204,	
	l reports are attached:			
	d fees or made expenditures, you must			
☐ If you have paid an Expense Reimbursemen	honorarium or reimbursed expenses, y	ou must file Addendum B	ERCPORT of Honorariums or	
☐ If you, your firm, or	r your family has made political contri	butions, you must file Add	endum C- Political Contributio	ns
	rmation by Lobbyist (A 15-B, RSA 14-C and RSA 664 and a tof my knowledge and belief.	hereby swear or affirm that	the foregoing information is tru	ıe
(Print Name of lobbyist	i) <b>/</b>			

### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses



(RSA Chapter 15:6)

1. Name of Lobbyist(s) Jim Bouley Alex K	advoubas
II. Name of lobbyist's partnership, firm or corporation, if any:	
Dennehy & Bouley LLC (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)  III. Name of Client Community Support Noture  In	4 Date 10/29/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above the to lobbying, including fees for services such as public advocacy, government reincluding research, monitoring legislation, and related legal work. The gross reduced by any expenses:	s fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year	b) \$ <u>17,500.00</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ 22500.00
d) Indicate the amount of any such fees that are duc, but have not yet been paid	d) s 2,500.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reportees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report mexpenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expendividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	ay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all expenses paid penses; (b) the aggregate total of all expenses is than \$10 that is given to the person if with a value of \$25.00 or less); and ting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
<ul> <li>b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.</li> </ul>	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
***************************************	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
· JS Cg	10/29/18
(Signature of lobbyist)	(Date)
Jim Bouley	
(Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Dennehy & Bouley LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Community Support Network Inc.
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)
Alex Koutroubas (Print Name of lobbyist)